

Name
in
Full

Illegitimate stillborn twin children

CERTIFICATE OF DEATH

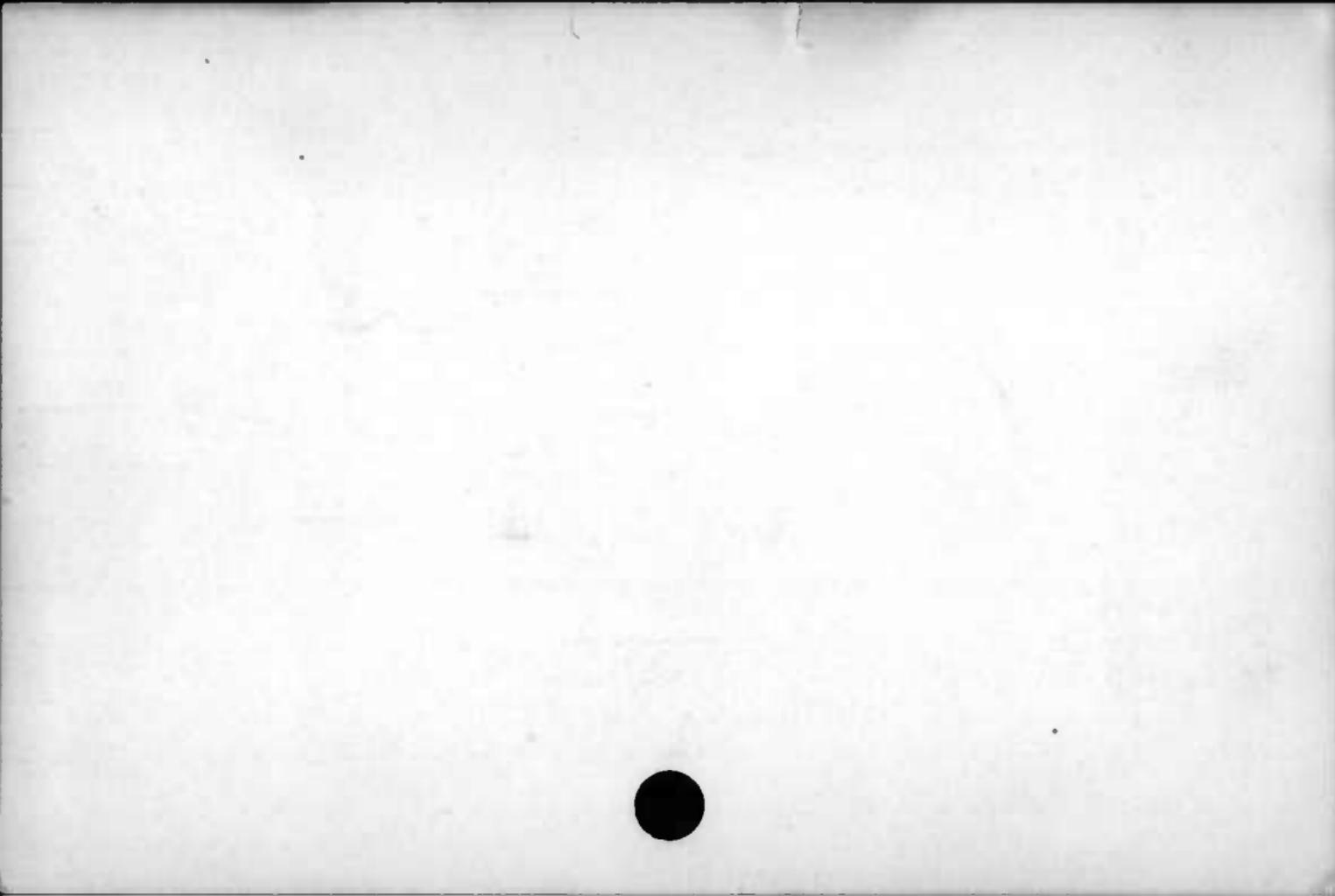
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	Bertha Bird	Mother's Birthplace	Maryland		
Name of person giving Information	Julia A Bordley	S.	How related to deceased	not related	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician and midwife
Yes	Address
	Julia A ^{her} x Bordley mark Lorumption
Accident or Suicide?	witness R. S. Orm



Name
in
Full

Jones H. Brooda
Near Church Hill Dr. Heo

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Date of death	Mont.	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birth-place	
Married, Single or Widowed	Monica	Name of Wife or Husband			
Father's Name	Chas Brooda			Father's Birthplace	l. Heo
Mother's Maiden Name	Do not Knock			Mother's Birthplace	
Name of person giving information	Jed Stevens			How related to deceased	none

CAUSES OF DEATH

Primary From fatal Wound How long

Immediate asphyxia How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jacob G. Carter & P. Corner
Accident or Suicide?

Dr. J. J. Dudley
Church Hill
Maryland

PHYSICIAN
OR CORONER



Name
in
Full

Clarence M. Chases

CERTIFICATE OF DEATH

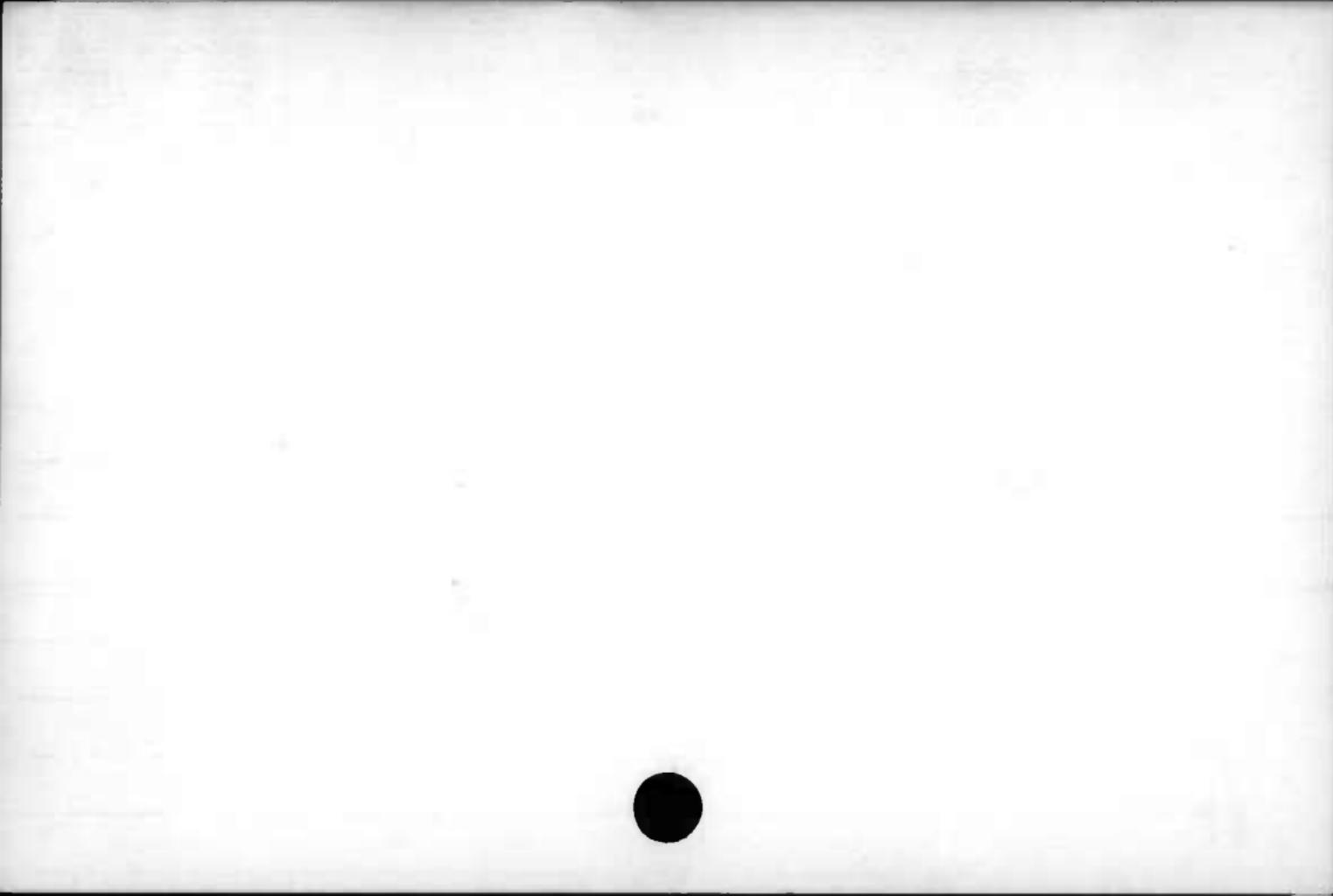
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Albert Chases			Father's Birthplace	MD
Mother's Maiden Name	Angie A Chases			Mother's Birthplace	PA
Name of person giving information	Albert Chases			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malnutrition	How long	8 mos
Immediate	Nephritis	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. S. Foy
		Address	Patuxent River
Accident or Suicide?			



Name
in
Full

Eli. P. Granor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Ohio
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Avis Ann Shelton		
Father's Name	Henry Granor				
Mother's Maiden Name	Rebecca Hollet				
Name of person giving Information	Perry Granor				

CAUSES OF DEATH

Primary

External hemorrhage.

How long

one week.

Immediate

Are the name, age, sex, color, date and place correctly given above?

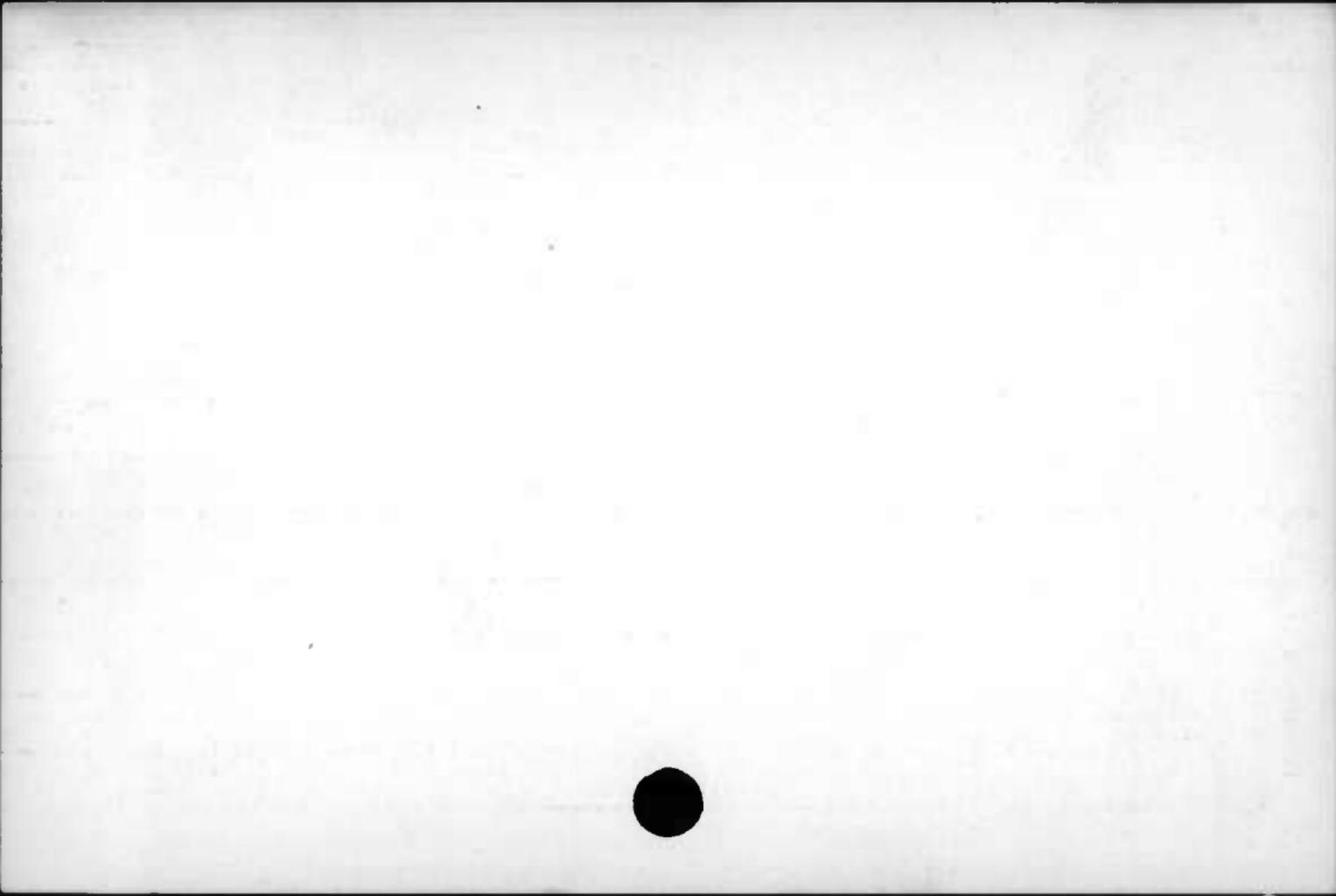
Yes.

Signature of Physician

Address

O. Gourneau M.D.
Millington Ind

Accident or Suicide?



Name
In
Full

Miss Bertha Downs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1905	Feb	23	26	3	2	
Sex	Female	Color or Race	white	Birth-place	Del.	
Occupation	Lady	Where Residing if not at place of death	Church Hill.			
Married, Single	Single	Name of Wife or Husband				
Father's Name	Repinah C. Downs					Father's Birthplace
Mother's Maiden Name	Annie Coppage					Mother's Birthplace
Name of person giving information	Annie Downs					*How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

1 yr.

Immediate

Exhaustion

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

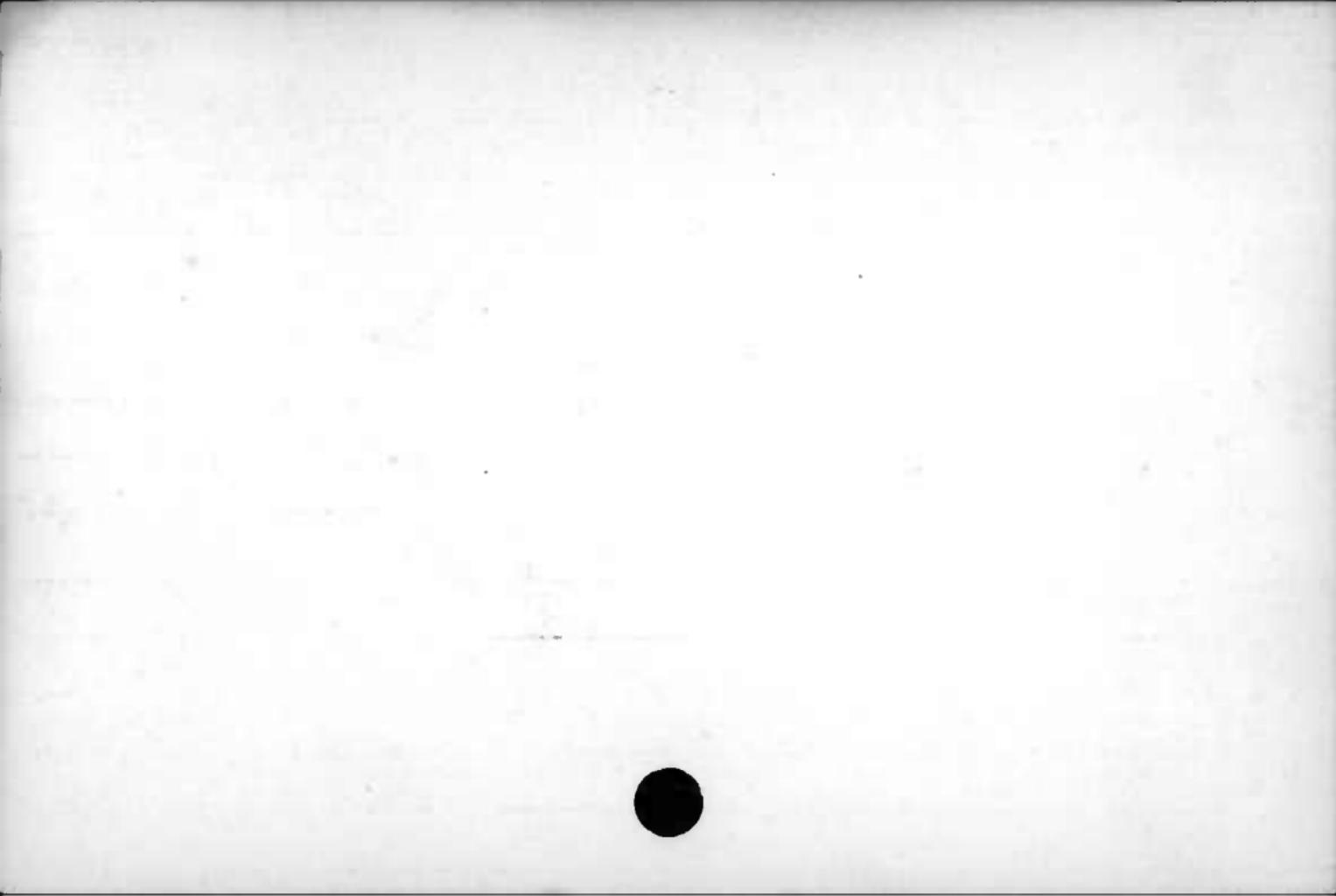
Yes

Signature of Physician

Address

W.L. Coppage
Church Hill
Md

Accident or Suicide?



Name
in
Full

Mary Catherine Forman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

Died at	Town	Queens Anne		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1905	Feb	28			5	3	
Sex	Female	Color or Race	Colored	Birth-place	Hope, Md.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	H. G. Forman		Father's Birthplace		Centreville, Md.		
Mother's Maiden Name	Sarah E. Gibbs		Mother's Birthplace		Hope, Md.		
Name of person giving information	H. G. Forman		How related to deceased		Father		

CAUSES OF DEATH

Primary	Congestion of Lungs	V95	How long	Two days
Immediate	Convulsions		How long	

Are the name, age, sex, color, date and place correctly given above?

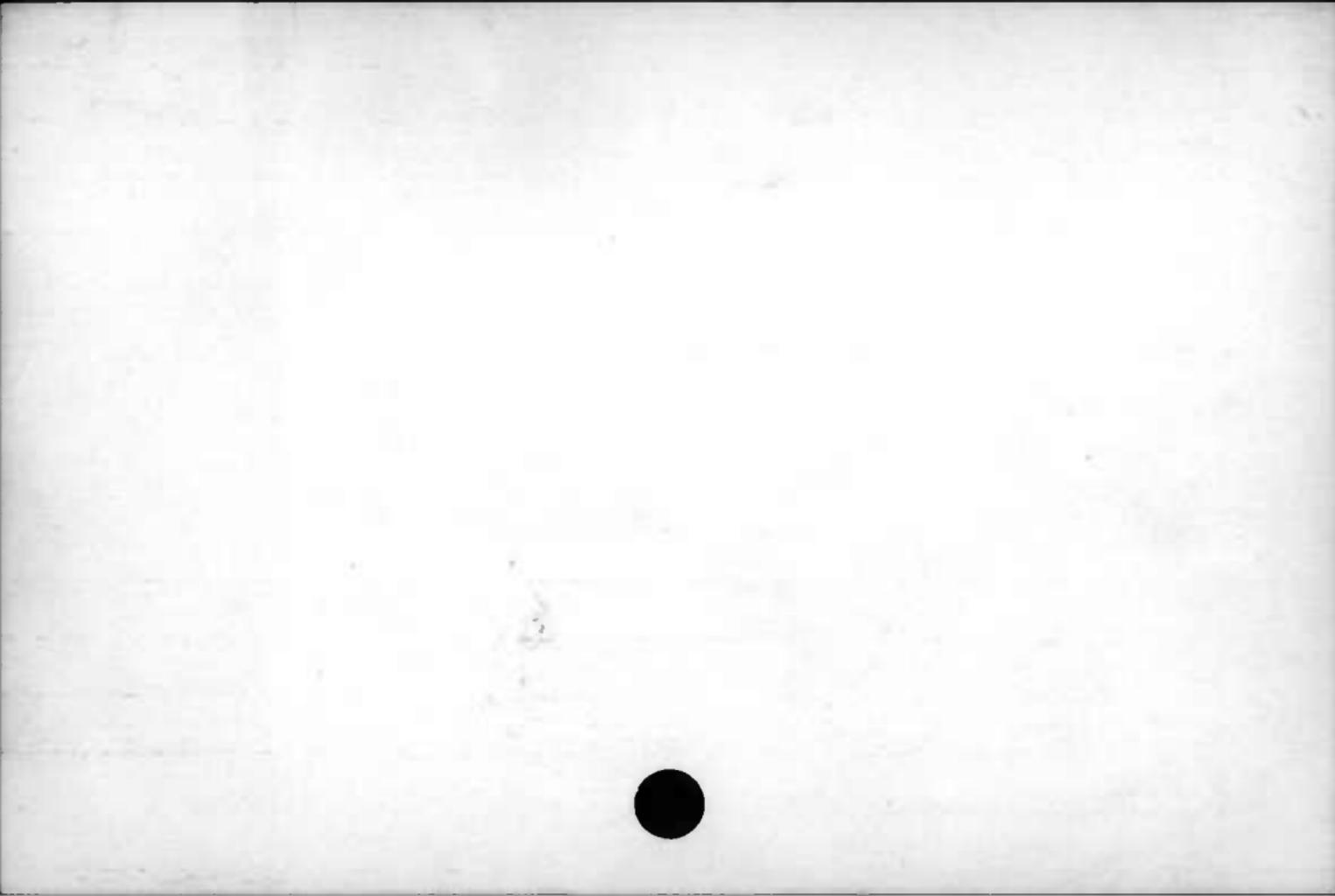
Signature of Physician

Walter G. Farby

Address

Rutherford, Md.

Accident or Suicide?



Name
in
Full

Susie Eucena Doornan

CERTIFICATE OF DEATH

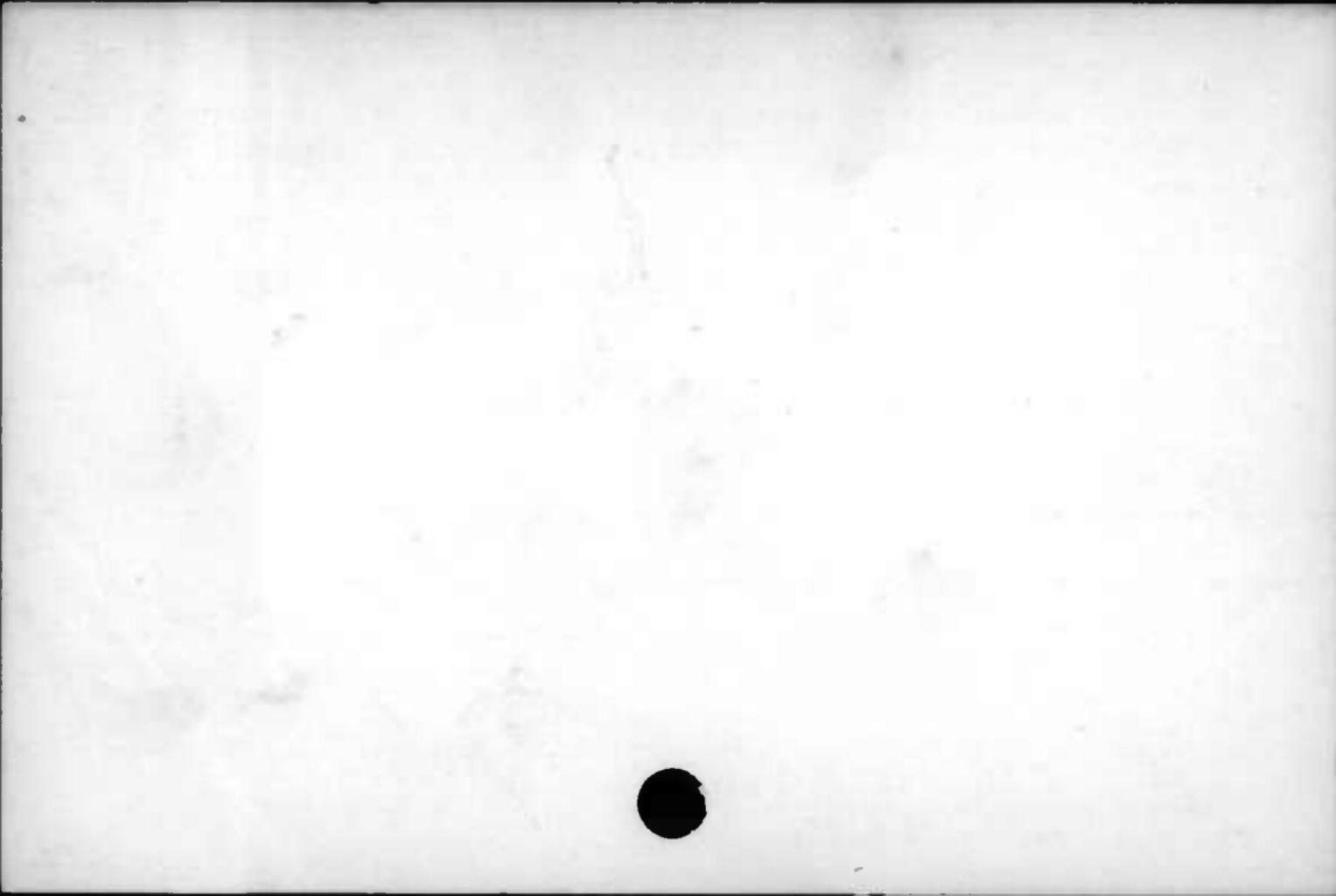
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Carrolls	County 2-a.	MARYLAND		
Date of death	Month 1905 2	Day 21	Years 13	Months 7	Days 13
Sex	Female	Color or Race	Blk	Birth- place	2-a.-led
Occupation	School		Where Residing if not at place of death	Place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	~		
Father's Name	Perry Doornan		Father's Birthplace	MD	
Mother's Maiden Name	Annie Madden		Mother's Birthplace	MD	
Name of person giving Information	Tom J. Doornan		How related to deceased	Bro	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	6 months
Immediate	Exhaustion		How long	~
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. Monkrum MD	
		Address	Baltimore Md	
Accident or Suicide?	No			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at ^{two} Near Church Hill & W. St. County

Date of death 1905	Month Feb	Day 15	Age 60	Years	Months	Days
Sex Male	Color or Race Colored	Birth-place D. H. St.				
Occupation Laborer	Where Residing if not at place of death D. H. St., at Anna Frisby					
Married, Single or Widowed married	Name of Wife or Husband Anna	Father's Birthplace D. H. St.				
Father's Name Joseph Frisby	Mother's Birthplace D. H. St.					
Mother's Maiden Name Francis	How related to deceased Niece					
Name of person giving information Anna Wells						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

acute nephritis

How long

days

Immediate

Exhaustion

How long

less than min

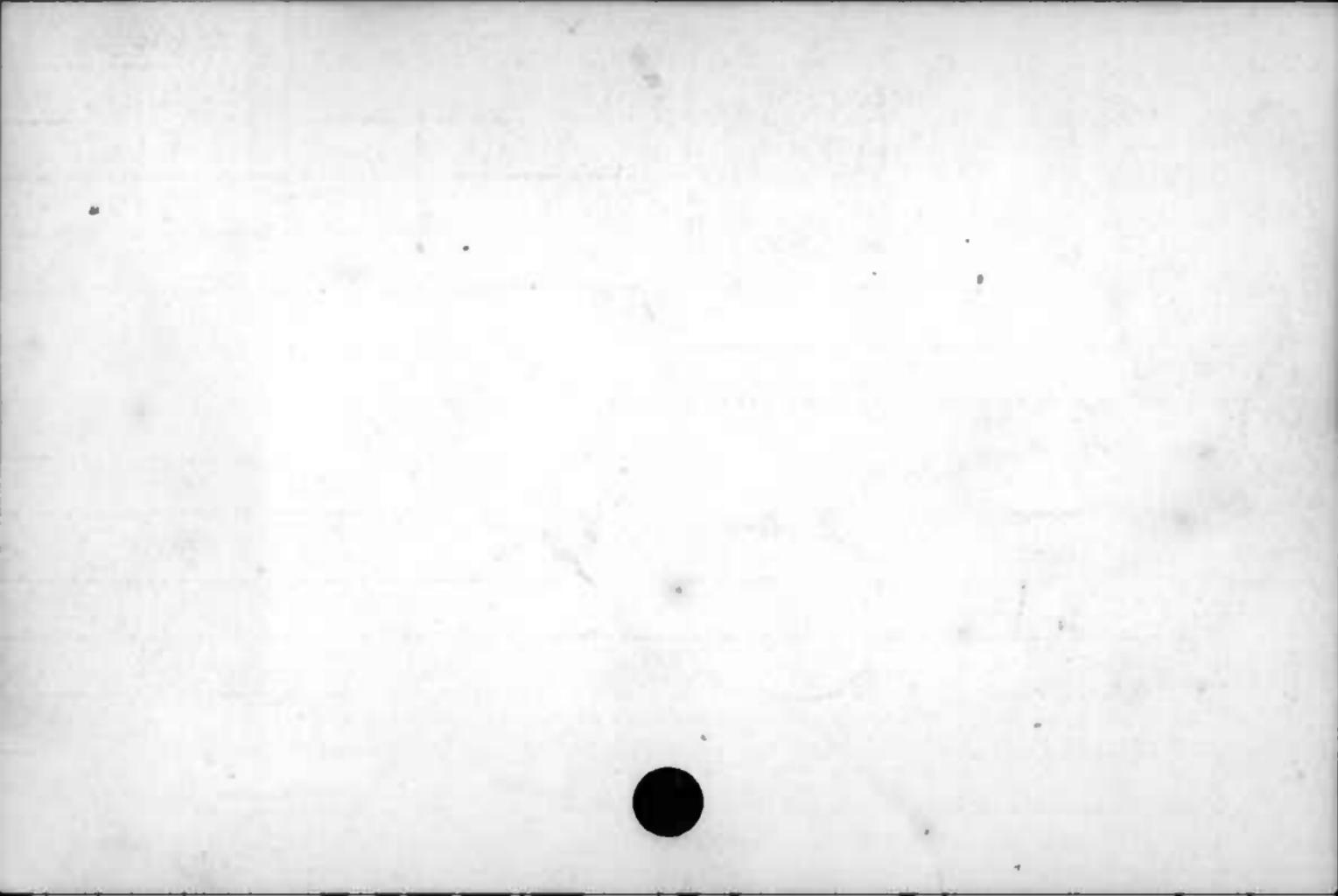
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. F. J. Dudley
Church Hill
Maryland

Accident or Suicide?



Name
in
Full

John H. Holliday

CERTIFICATE OF DEATH

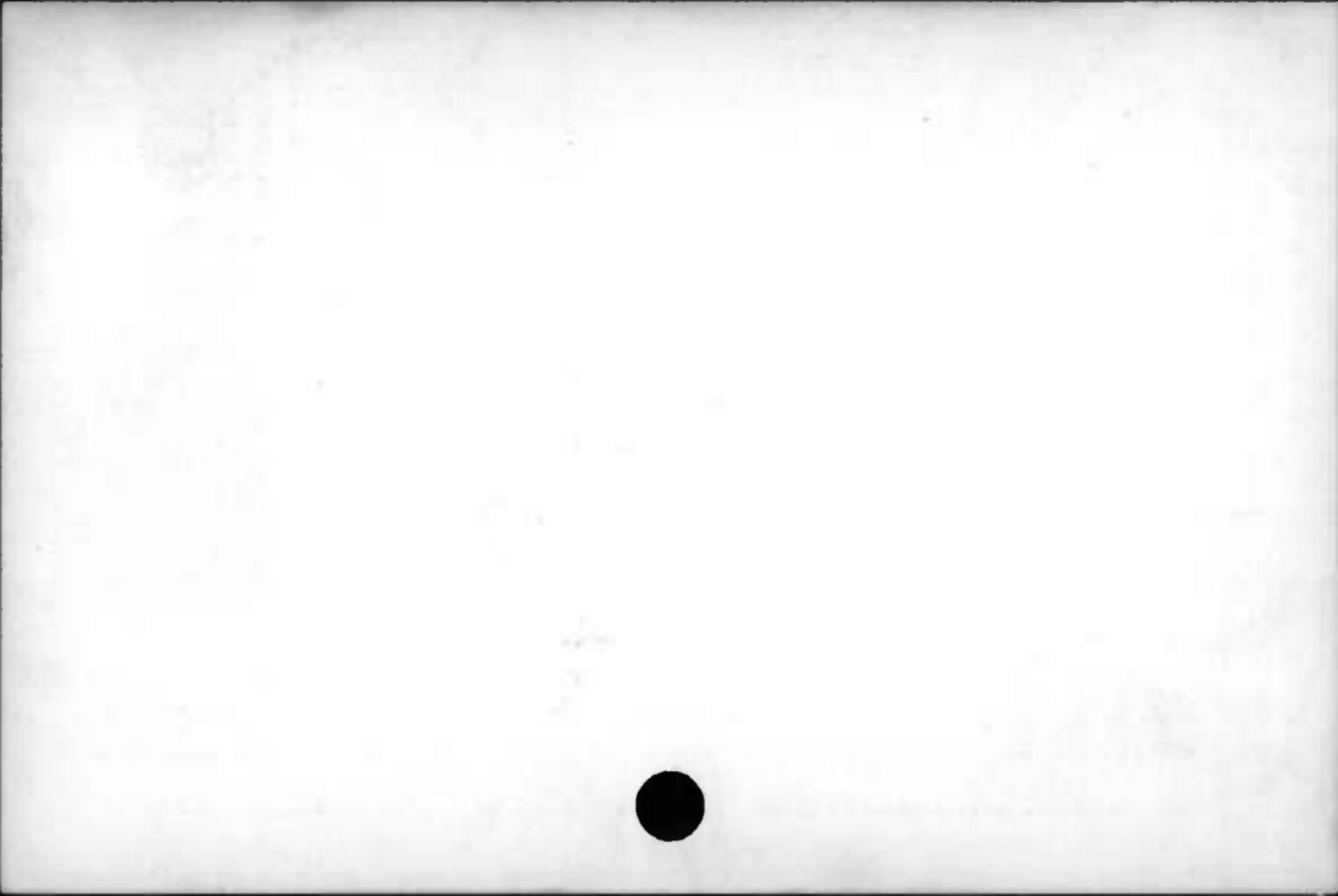
To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Buckee Church Queen Anne	MARYLAND				
Date of death 1905	Month Feb.	Day Third	Years 76	Months	Days 7
Sex Male	Color or Race Colored	Birth-place Maryland			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Henrietta Brown				
Father's Name Isaac Holliday	Father's Birthplace Maryland				
Mother's Maiden Name Don't know	Mother's Birthplace "				
Name of person giving information J.H. Holliday Jr.	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic heart trouble	How long 7 months
Immediate	Asthma and dropsy,	How long One month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J.W. Simmons
		Address Sudlersville,
Accident or Suicide?		✓ Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Virginia Burkoff

Died at Chester

Town

County

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1905	Feb	19	44	1	1
Sex	Color or Race	Birth-place			
Female	white	Kent Island			
Occupation	Where Residing if not at place of death				
Housewife	Chester				
Married, Single or Widowed	Name of Wife or Husband	Gitz Burkoff			
Married	Franklin Lewis	Father's Birthplace			
Father's Name	Kent Island				
Mother's Maiden Name	Mother's Birthplace				
Sallie Prosser	Kent Island				
Name of person giving information	How related to deceased				
John Lewis	Brother				

CAUSES OF DEATH

Primary

Pneumonia

How long

18 days

Immediate

PPB

How long

Are the name, age, sex, color, date and place correctly given above?

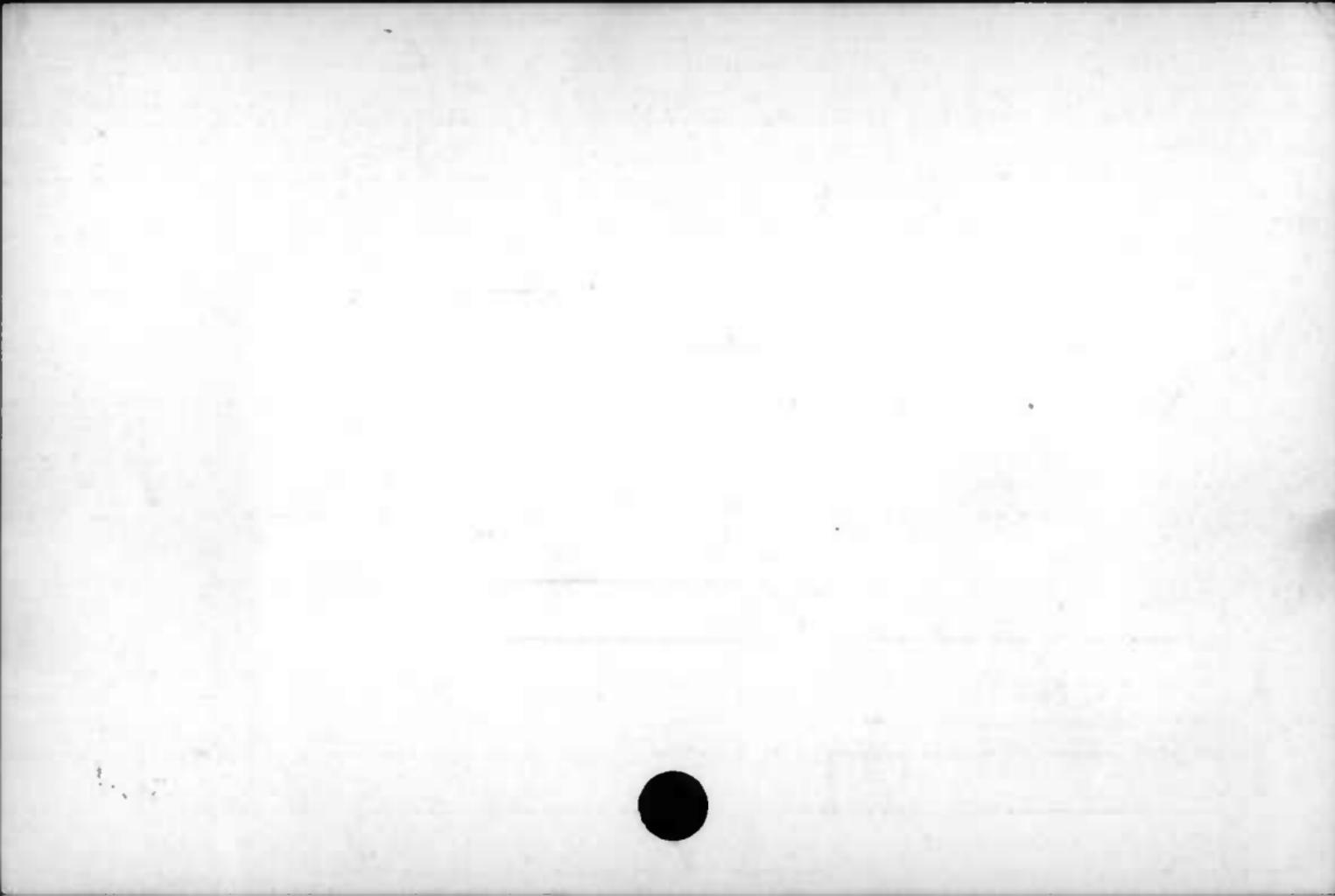
yes

Signature of Physician

Address

Henry Stevens
Stevensville Md

Accident or Suicide?



Name
in
Full

Isabel Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY

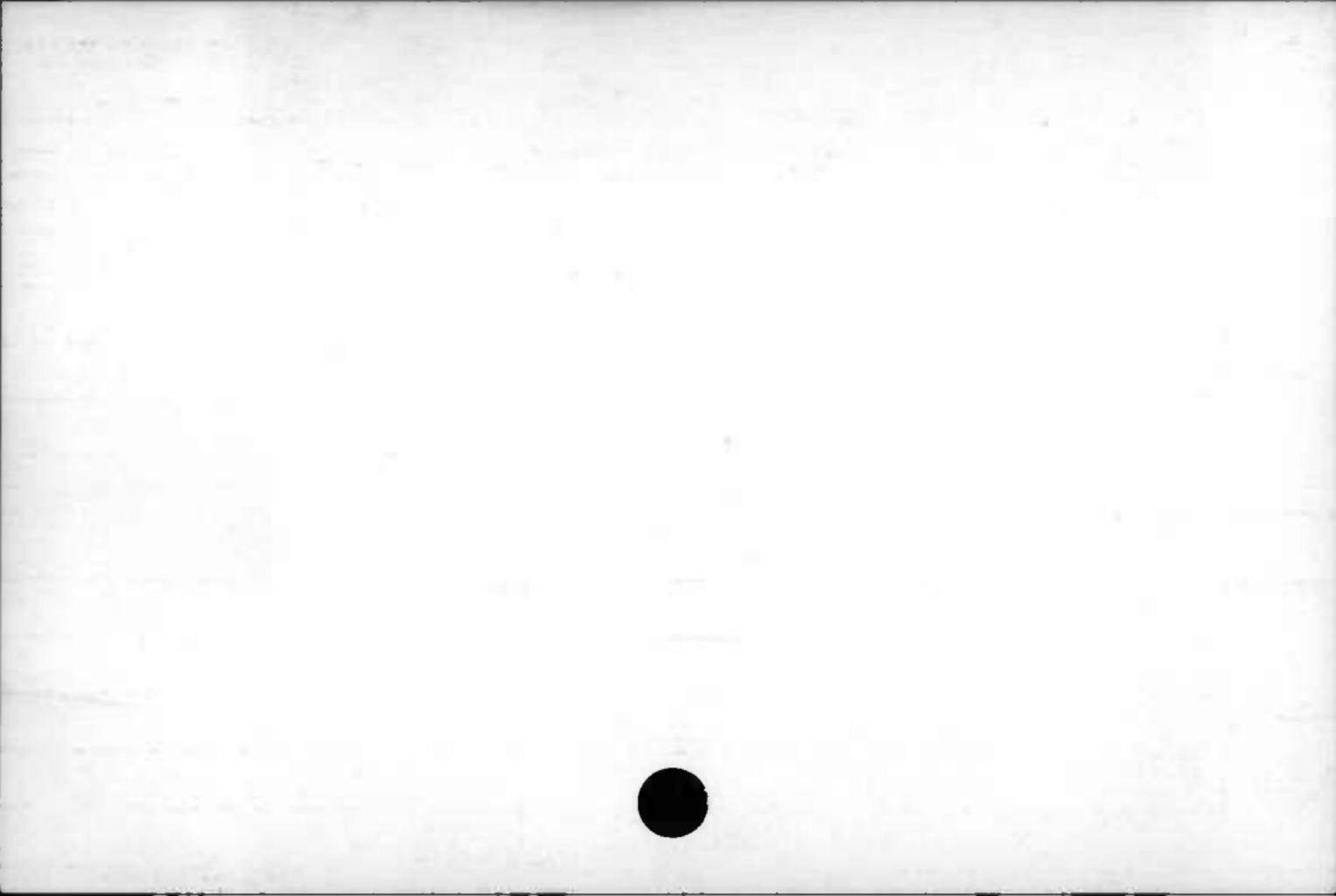
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Widowed, Single or Widower	Name of Wife or Husband				
Father's Name	Thomas J. Johnson	Father's Birthplace	Q.A. Co.		
Mother's Maiden Name	Mary Scott	Mother's Birthplace	Q.A. Co.		
Name of person giving information	F. H. Johnson	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	Six months
Immediate	Brain Tumor		How long	Ten days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Lane Finch	
		Address	Centreville, Queen Anne's Co., Md.	
Accident or Suicide?				



Name
in
Full

Mary King

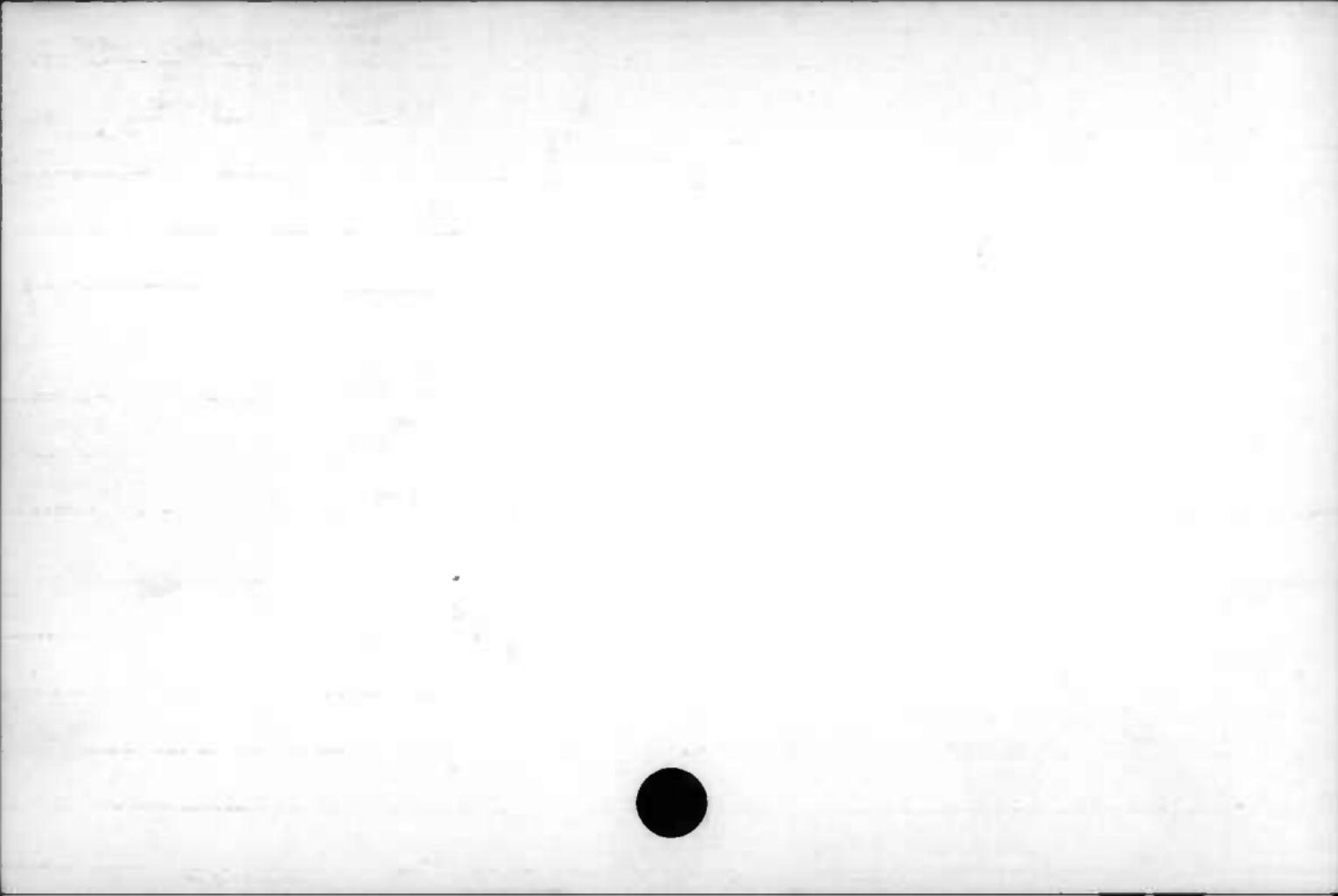
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	27	Month	Day	Years	Months	Days
of 1908	Feb		27	68		
Sex	Female		Color or Race	white	Birth-place	2, M.C.
Occupation	Pensioner		Where Residing if not at place of death		Alma House	
Married, Single or Widowed	x		Name of Wife or Husband	Christopher King		
Father's Name	Wm Meeds				Father's Birthplace	
Mother's Maiden Name	Dont Know				Mother's Birthplace	
Name of person giving information	Wm Justice				How related to deceased	
none						

CAUSES OF DEATH

Primary	Chronic gastritis		104	How long
Immediate	Heart failure			— How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. A. Holton	
		Address	Centreville Md	
Accident or Suicide?				



Name
in
Full

Nannie P. Larriamore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1905	2	19	33 5 10
Sex	Female	Color or Race	White
Occupation	School Teacher	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Richard Thaddeus Larriamore	Father's Birthplace	MD
Mother's Maiden Name	Francis J Price	Mother's Birthplace	"
Name of person giving information	Lida L Turner	How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

3 weeks

Immediate

Saure

How long

—

Are the name, age, sex, color, date and place correctly given above?

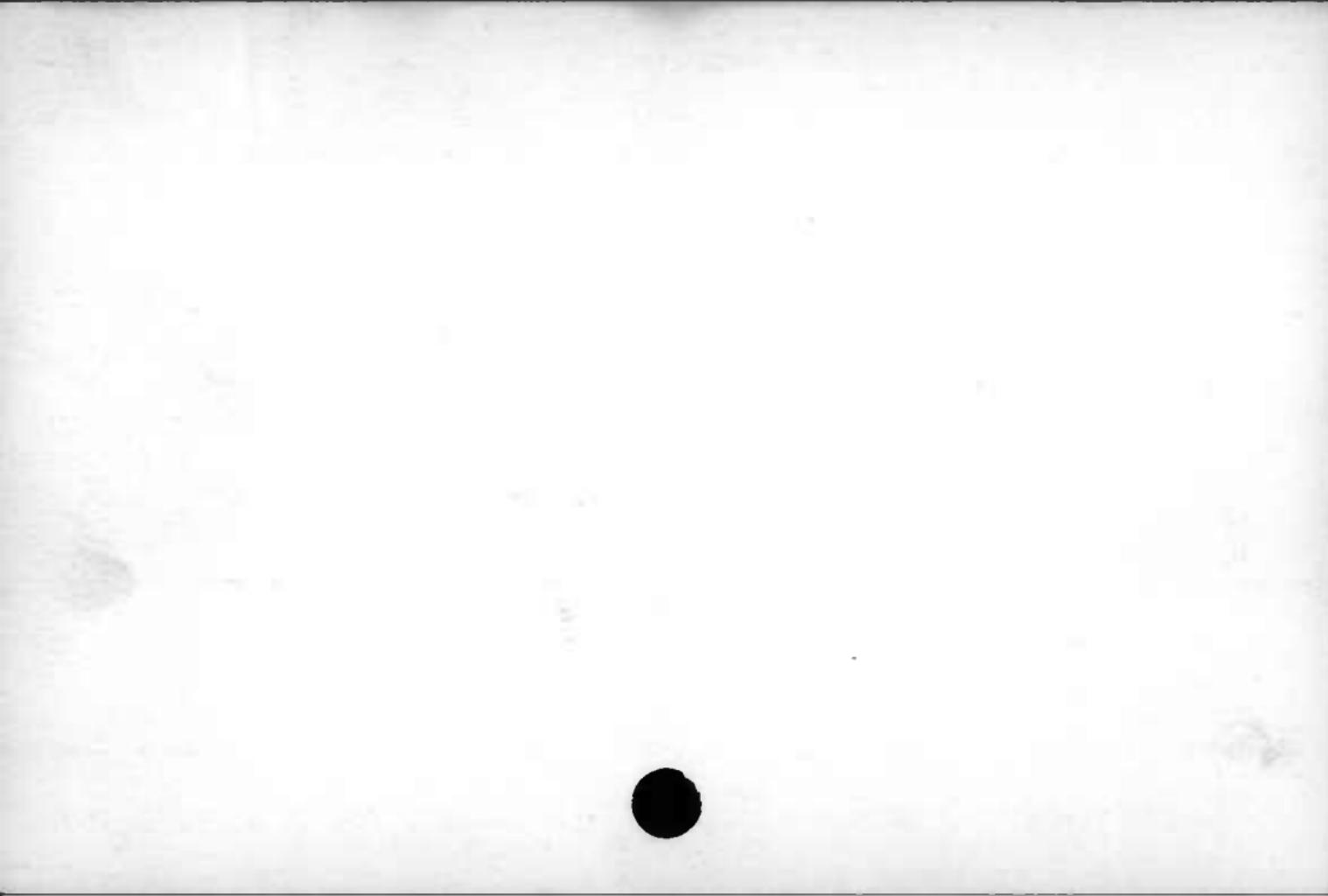
yes

Signature of Physician

Address

Woodstock
Centreville
Md

Accident or Suicide?



Name
in
Full

Edward Mansfield

CERTIFICATE OF DEATH

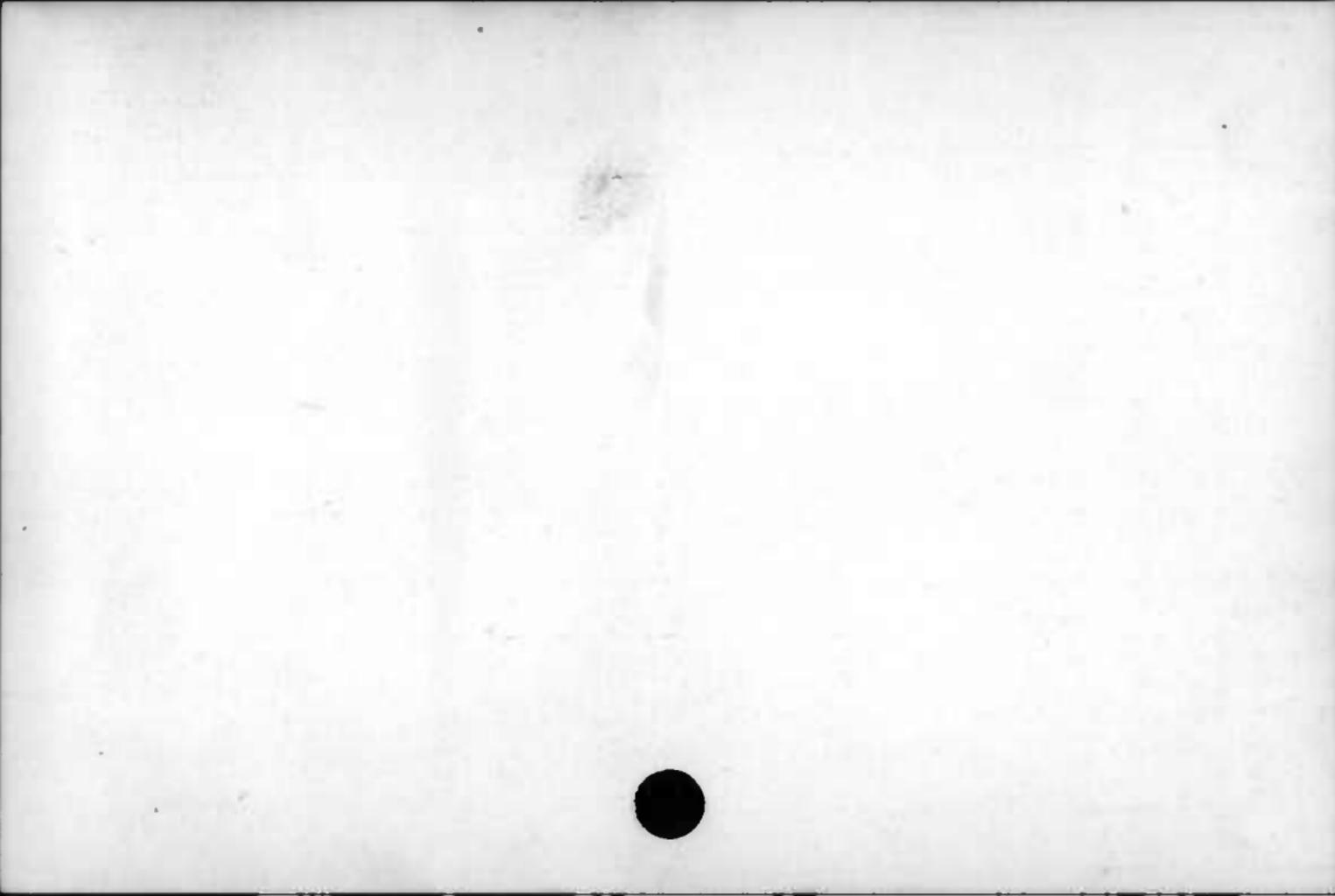
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	2	5	89		
Sex	male	Color or Race	White	Birth- place	Talbot Co
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	not none		Father's Birthplace	don't know	
Mother's Maiden Name	don't know		Mother's Birthplace		
Name of person giving Information	John H Rhoads		How related to deceased	non	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age	✓ 5x	How long
Immediate	old age	✓ 5x	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Chas O'Conney
		Address	Act Coroner Founds Stone & Son
Accident or Suicide?			



Name
in
Full

Catherine Meredith

CERTIFICATE OF DEATH

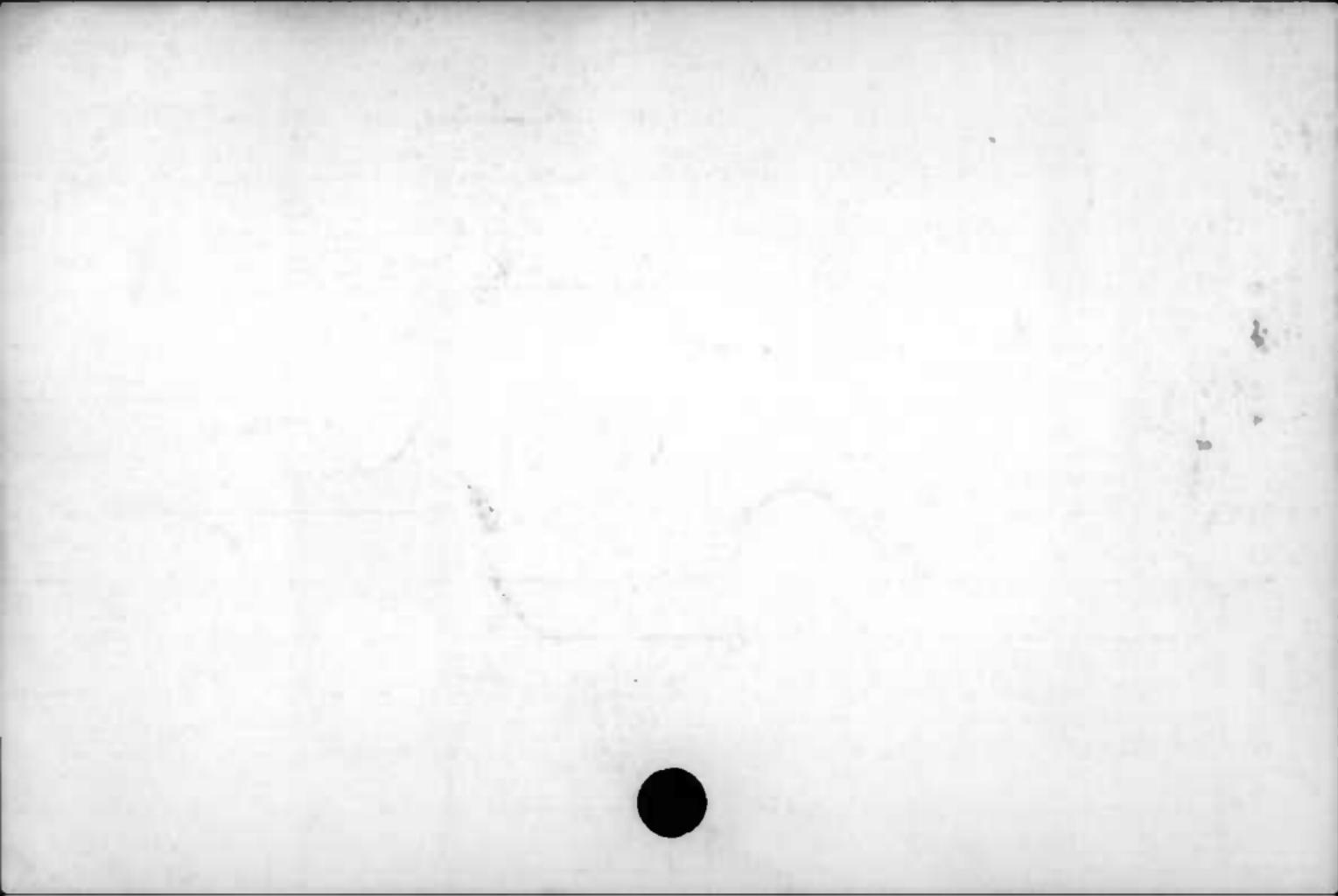
TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at New Church Miss Ia es	Ia es	Month	Day	Years
Date of death 1905 Feb - 8	Age 68-	Months	Days	20
Sex female	Color or Race White	Birth-place Ia es.		
Occupation Housewife	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband James W Meredith	Father's Birthplace Ia es		
Father's Name Wm Hov Chambers	Mother's Birthplace			
Mother's Maiden Name Don't know	How related to deceased	Survived		
Name of person giving information Jno W. Rochester				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Locomotor Ataxia	How long	15 years.
Immediate	Most likely Heart failure ^{no or} inflammation	How long	3 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H Banger Simmons
		Address	Chesapeake Md.
Accident or Suicide?	No		



Name
in
Full

Emory Mitchell

CERTIFICATE OF DEATH

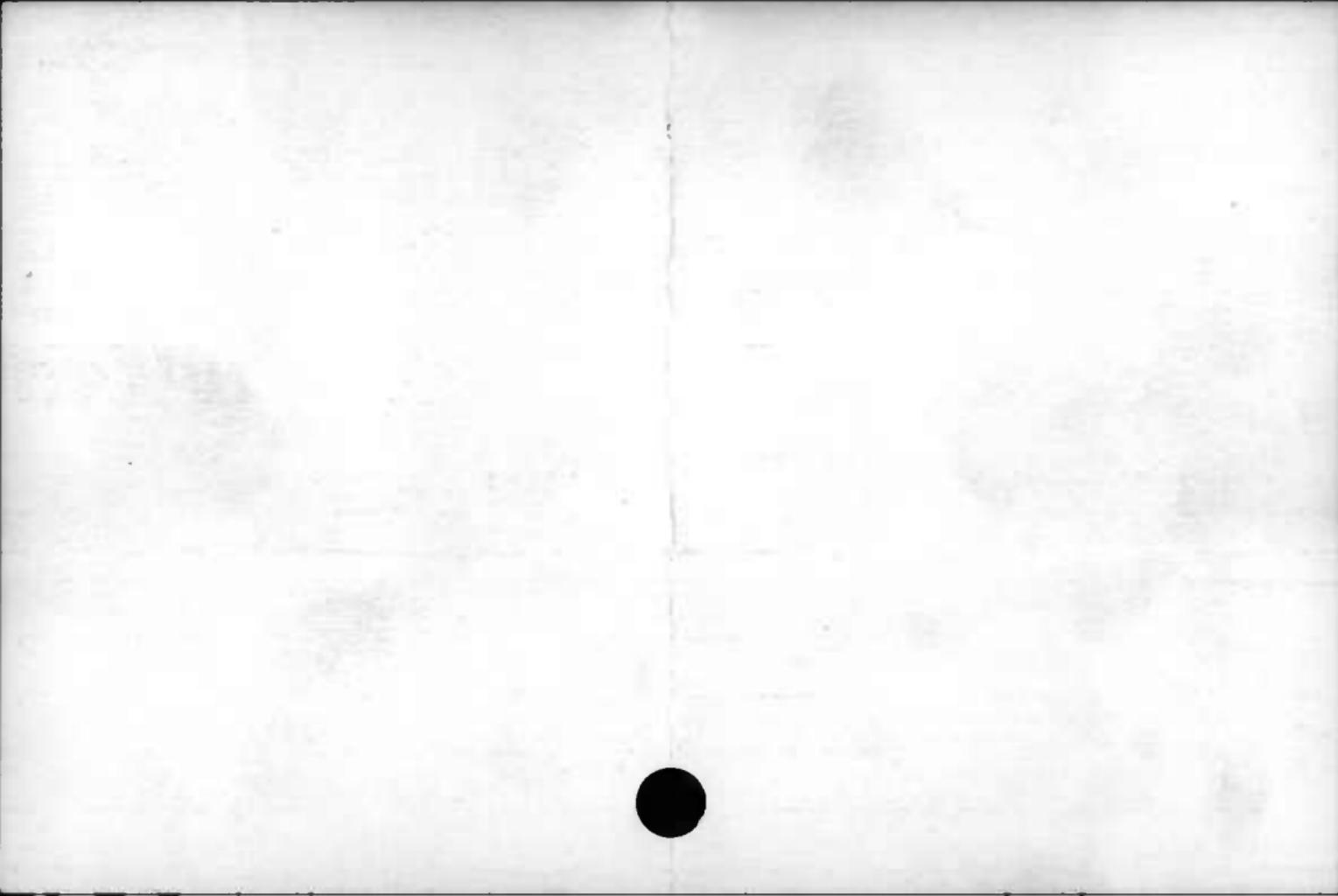
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death			Place of death		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Don't Know			Father's Birthplace Don't Know		
Mother's Maiden Name	Don't Know			Mother's Birthplace Don't Know		
Name of person giving information	Frank H Phillips			How related to deceased son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	asthenic Sclerosis	81	How long	7 or 8 yrs
Immediate	It may be cerebral hemorrhage as he died alone without			
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	D. M. Starkman MD
			Address	South Carrollton Baltimore Md
Accident or Suicide?		no		



Name
in
Full

Nat Name

CERTIFICATE OF DEATH

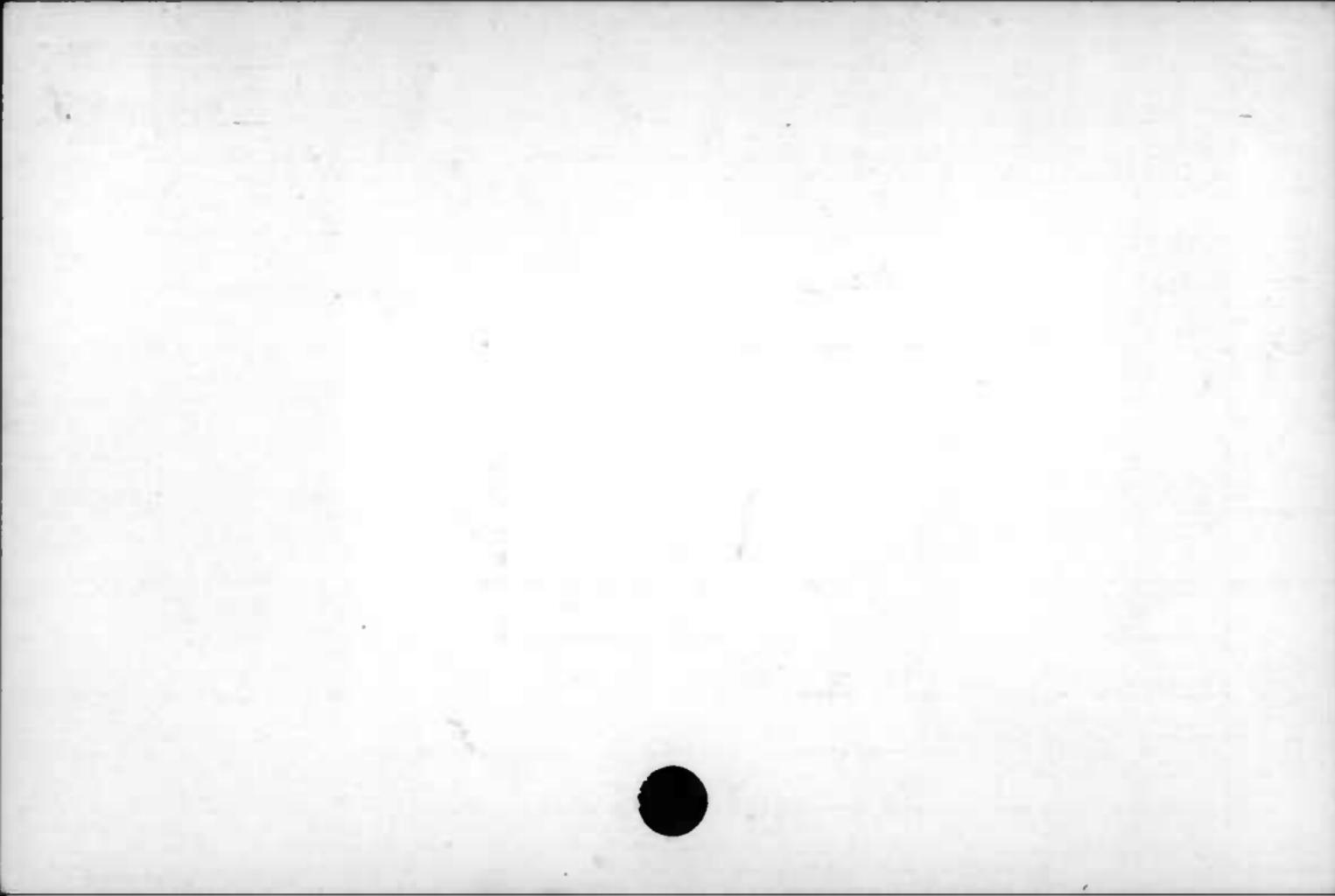
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Male	Color or Race	Age
Occupation	None	Where Residing if not at place of death	Place of death
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Wm Mitchell	Father's Birthplace	Baltimore Md
Mother's Maiden Name	Lucy Johnson	Mother's Birthplace	Baltimore Md
Name of person giving information	Wm Mitchell X50	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hydrocephalus Born	How long	2 days
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. J. Donohue MD
		Address	Baltimore Md
Accident or Suicide?	no		



Name
in
Full

Arena Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	25	4	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife Husband	at place of death			
Father's Name					
Mother's Maiden Name					
Name of person giving information	How related to deceased				

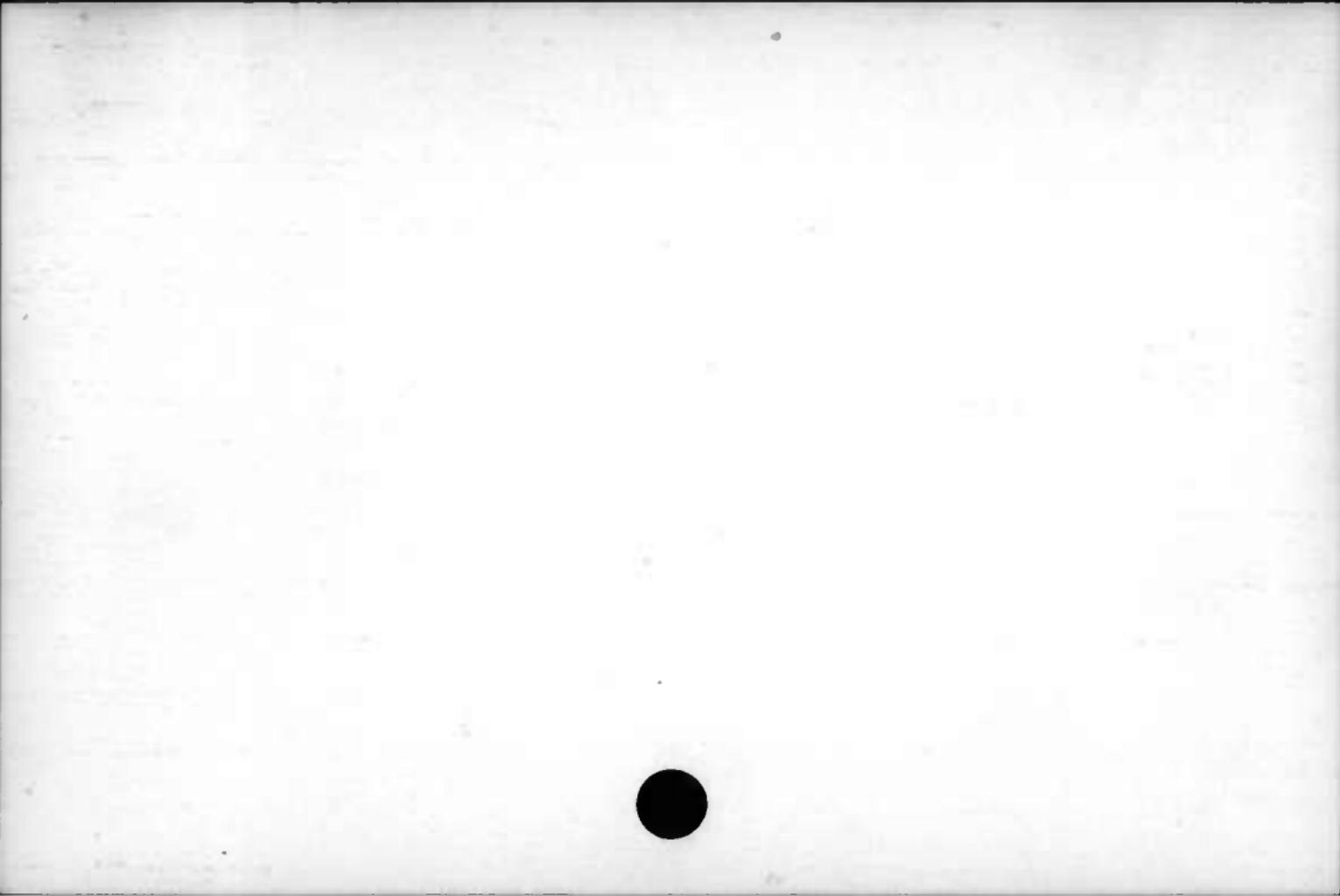
Married James H. Taylor

James H. Taylor Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	History nothing of antecedent history of care	
Immediate	"Heart failure"	How long 12 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. J. Bordenay	Address 1200 Main Street Centreville Md
Accident or Suicide?		



Clarence Robison

Town

County

Died at

Stevensville

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

1905

2

11

-

Male

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Husband
of

Wife

Father's

Name

George Robison

Mother's

Name

Maria Thompson

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

week

Accident, Suicide, Homicide

Reported by

W. J. Henry, M.D.

Address

Stevensville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Abraham Rochester				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Died at	Engleide	S.A.					
Date of death	Month	Day	Years	Months	Days		
1905	3	5	3	1			
Sex	Color or Race	Birth-place					
Male	Brown	Engleide					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John J. Rochester						
Mother's Maiden Name	Ella J. Tolson						
Name of person giving information	John J. Rochester						
CAUSES OF DEATH							
Primary	Inflammation						
Immediate	Disease						

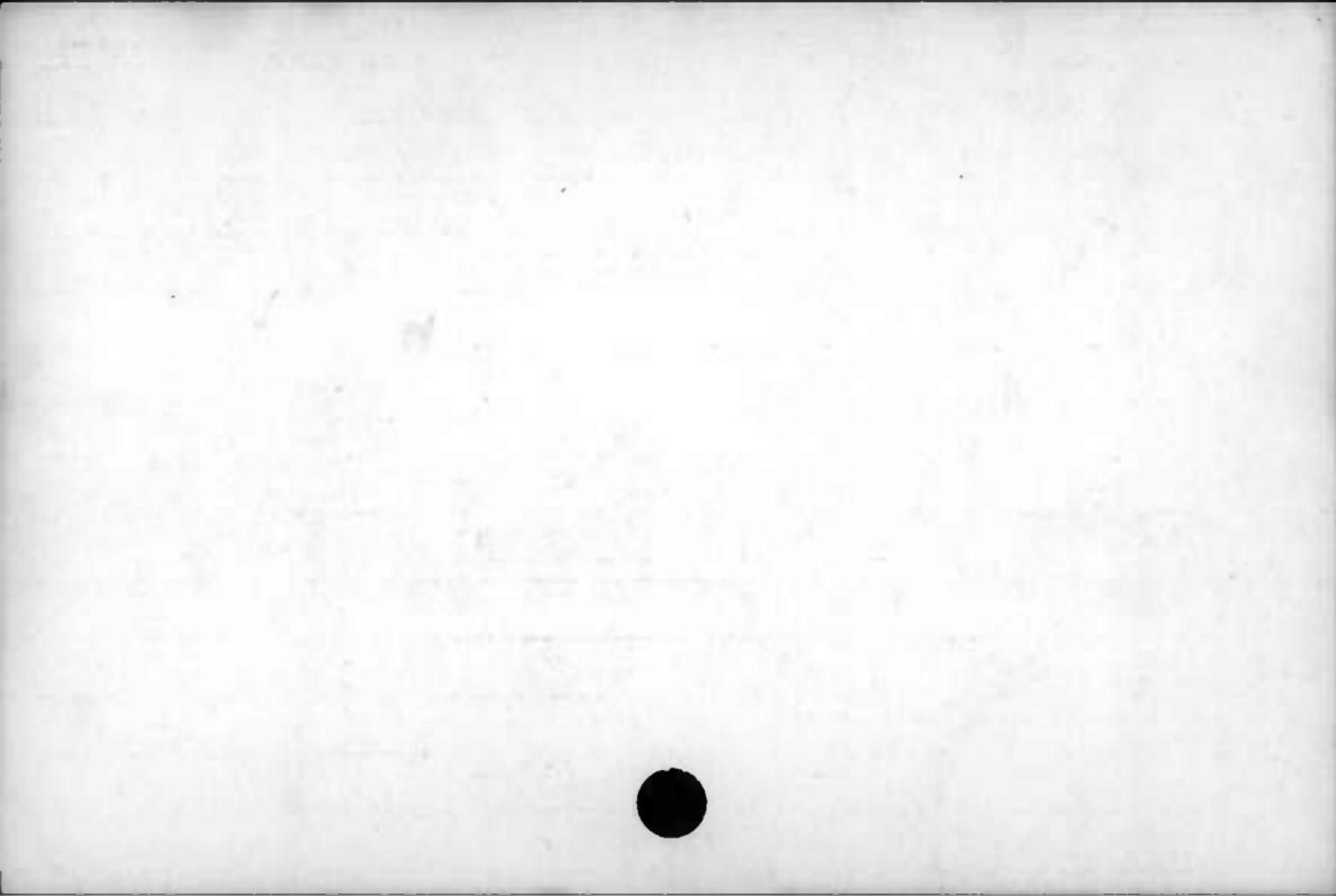
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died <u>1 Roe</u>		Town	S. A.		County	MARYLAND	
Date of death <u>1905</u>	Month <u>7</u>	Day <u>22</u>	Age <u>40</u>	Years	Month <u>8</u>	Days	
Sex <u>male</u>	Color or Race <u>Black</u>	Where Residing is not at place of death		Birth-place <u>N.Y.</u>			
Occupation <u>Farmer</u>			I. bo. ad				
Married, S- <u>single</u>	Name of Wife or Husband <u>Catherine Rochester</u>			Father's Birthplace <u>N.Y.</u>			
Father's Name <u>Arthur Rochester</u>			Mother's Birthplace <u>N.Y.</u>				
Mother's Maiden Name <u>Makala Benton</u>			How related to deceased <u>Brother</u>				
Name of person giving information <u>Emory Rochester</u>							

CAUSES OF DEATH

Primary

Inussusception of Bowels 8 day

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

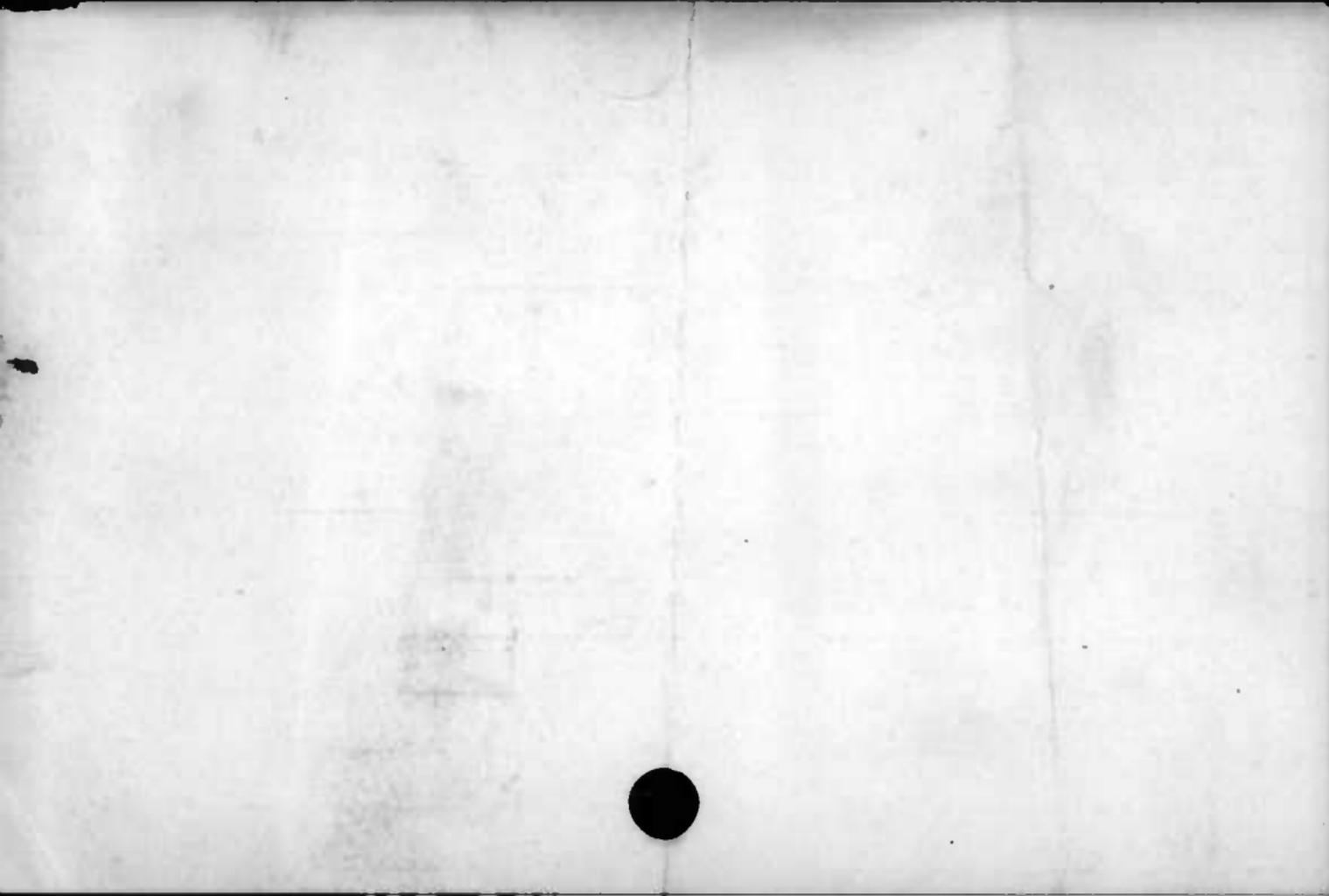
Yes

Signature of Physician

Address

Eastonshane
Eggleston Chd

Accident or Suicide?



Name
in
Full

Thomas Stansbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1905	Month Sept	Day 14	Years 75
Age	—	Months —	Days 29
Sex Male	Color or Race Calar	Occupation Labour	Kent Island
Married, Single or Widowed Married	Occupation	Labour	
Name of Wife or Husband Mary Stansbury	Mary Stansbury		
Father's Name Perry Stansbury	Father's Birthplace Kent Island	Kent Island	
Mother's Maiden Name	Mother's Birthplace	" " " "	
Name of person giving information Wife	How related to deceased Wife	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease

How long

2 years

Immediate

Dropsy

How long

short time

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm. Henry

Stevensville Md

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Stillborn

CERTIFICATE OF DEATH

Died	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Feb	15	Age	Stillborn	—
Sex	Color or Race	white	Birth- place	—	
Occupation	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Single or Widowed	Name of Wife or Husband				
Father's Name	Harry E. Milledon				
Mother's Maiden Name	Alma Sparks				
Name of person giving Information	Harry E. Milledon				
Father's Birthplace	Queen Anne Co. Md.				
Mother's Birthplace	Md. A Co. Ind.				
How related to deceased	Father				

CAUSES OF DEATH

Primary	Stillborn	S	How long
Immediate	—		How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Loy. Cabbage Ind.
Church Hill
Ind.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles Wilkins		Father's Birthplace Piney Neck			
Mother's Maiden Name	Minnie Handly		Mother's Birthplace Pitmon Neck			
Name of person giving information	Charles Wilkins		How related to deceased Father			

CAUSES OF DEATH

PARTITION
OR CORONER

Primary

Laryngeal tuberculosis
Phthisis pulmonalis.

How long one year following
tuberculosis & died 8 yrs.
How long one month

Immediate Exhaustion & tetany.

Are the name, age, sex, color, date and place correctly given above?

yes

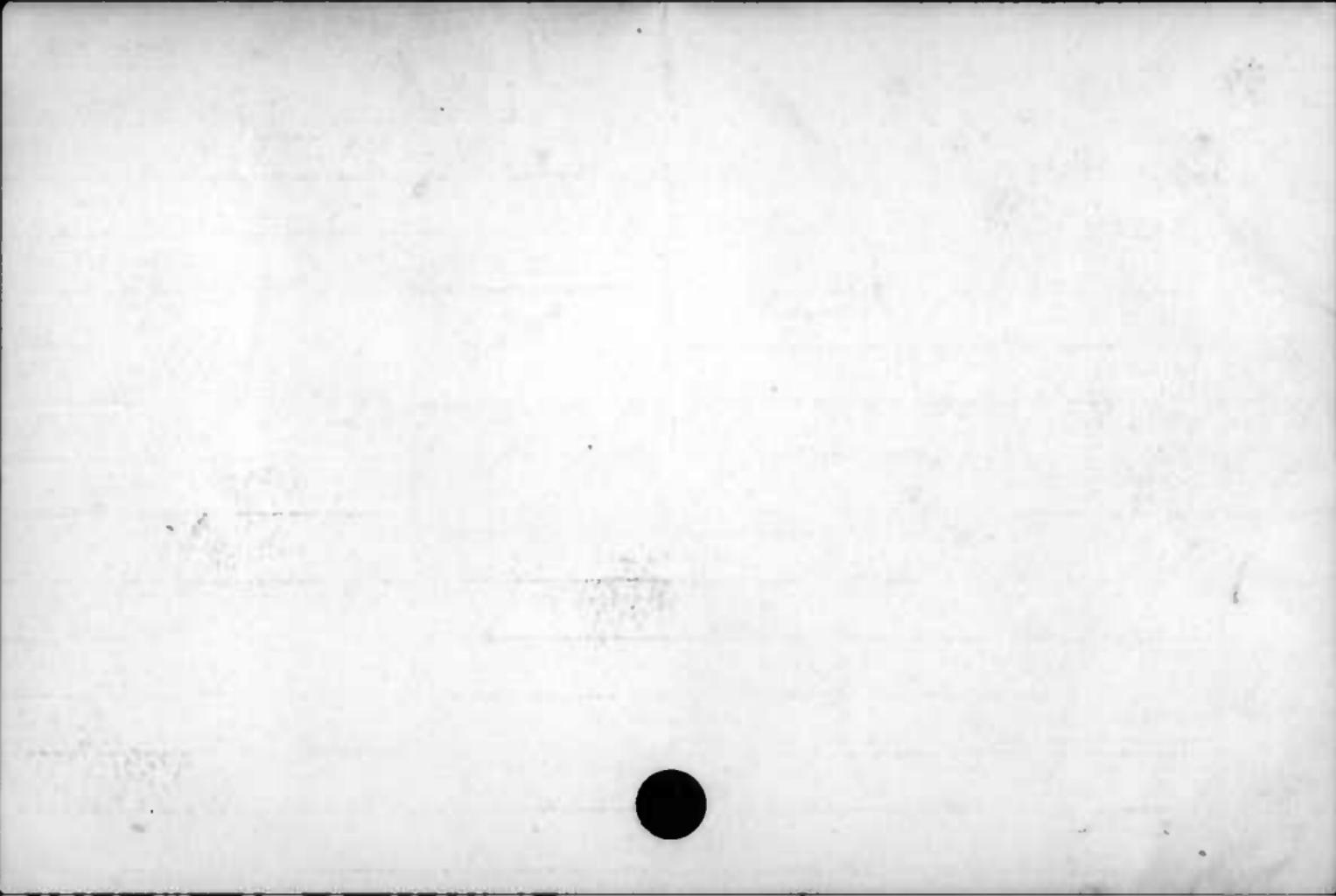
Signature of Physician

Dr. Adams

Address

Eugyston, Md.

Accident or Suicide?



Name
in
Full

Maryjst Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	I.	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	Febr.	25	Age 2		
Sex	Female	Color or Race	Black	Birth-place	Centreville
Occupation				Where Residing if not at place of death	At place of death
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John T. Wilson		Father's Birthplace	Centreville	
Mother's Maiden Name	Martha Dawson		Mother's Birthplace	"	
Name of person giving information	Henry Conner		How related to deceased	None	
CAUSES OF DEATH					
Primary	Consumption		How long	2 years	
Immediate	Exhaustion		How long	2 Days	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
yes	Dr. J. G. Dawson	Centreville
Accident or Suicide?	Undertaker	Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Wyatt

Town

Chestertown

County

St. Mary's

CERTIFICATE OF DEATH

MARYLAND

Died at Chester Date of death 1905 Month Feb Day 4 Years 42 Months Days

Sex Male

Color or Race

White

Birth-place

Carlin Co.
Kent Glasser

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Married

Thomas H. Wyatt

Father's
Birthplace

Danversport

Mother's
Maiden Name

Anna Edward

Mother's
Birthplace

Pittsfield

Name of person giving
Information

E. Wyatt

How related
to deceased

H. Brst

CAUSES OF DEATH

Primary

Pneumonia VB

How long

1 week

Immediate

Weak heart

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John P. Benton
Elmerville

Accident or Suicide?

